

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	MWN	CD	01-13-01
FORMALITY REVIEW	MD	JC 911	01/26/01
RESPONSE FORMALITY REVIEW	MM	667	5/16/01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 □ ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	20/01/01
2	20/01/01
3	20/01/01
4	✓✓✓
5	✓✓✓
6	✓✓✓
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10	✓✓
11	✓✓✓
12	✓✓
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17	✓✓
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23	✓✓✓✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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